

Carter Society Incorporated

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Carter Society Incorporated
Premises audited:	Carter Court Rest Home
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 December 2015 End date: 3 December 2015
Proposed changes to current services (if any):	The service is in the process of converting up to 16 of the rest home beds to 'swing beds' that can also be used for hospital (medical and geriatric) beds.
Total beds occupied across all premises included in the audit on the first day of the audit:	27

Executive summary of the audit

General overview of the audit

A partial provisional audit was undertaken at Carter Court Rest Home to establish the level of preparedness of the provider to provide hospital (medical and geriatric) level care services. The service already provides rest home level of care for up to 41 residents and will be converting up to 16 beds to be used to provide services at the higher level of care.

The audit process included observation of the environment, interviews with the chairperson of the executive committee and the management team and review of documented processes to ensure these are appropriate for the employment, orientation and training of staff to provide hospital level care.

There are systems in place for the provision of safe medicine management, food services and effective health and safety procedures.

The one shortfall identified at the previous surveillance audit has been addressed. At this audit one area was identified as requiring improvement concerning the documentation of the infection control programme.